

CONFIDENTIAL
Behavior Intervention Plan

Date: _____

Student: _____ ID: _____ DOB: _____ Case Mgr/Counselor: _____

Check one: ☐ Regular Education ☐ Special Education ☐ 504

Strengths:

Targeted Behaviors for Decrease (Operationally defined):

Triggers (from Antecedent Analysis on FBA):

Functional Hypothesis:

Replacement Behaviors/Skill Development:

Behavioral Goals (like IEP goals- should be measurable):

Antecedent Strategies

Environmental Modifications:

Reinforcement Procedures:

Consequential Strategies:

Parent Involvement:

Responsibilities:

Responsible Individual(s):	Response:
Classroom Teacher	Use classroom reward system (see classroom teacher for specifics)
School Staff	
School Staff	
School Staff	
School Staff	
School Staff	
School Staff	
School Staff	Student continues to be eligible for the rules, regulations, and discipline policy as outlined in the school handbook

Progress Monitoring:**Who will be responsible for monitoring/implementing plan?**

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Case Manager | <input type="checkbox"/> Classroom Teachers | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Student | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Other(s) | <input type="checkbox"/> Other(s) |

Plan will be implemented on _____ **and reviewed by** _____ .

Monitoring Tools:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Behavior Chart | <input type="checkbox"/> Student Self-Monitoring | <input type="checkbox"/> Teacher Reports | <input type="checkbox"/> Parent Report | <input type="checkbox"/> Discipline Reports |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Report Card/Grades | <input type="checkbox"/> Tutor Reports | <input type="checkbox"/> Case Manager Report | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | | | |

Frequency of Monitoring: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other

Special Instructions: _____

Written By (Print Name and Title): _____

Signature: _____

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Signature Page

Date: _____

Student: _____ ID: _____ DOB: _____ Case Mgr/Counselor: _____

Type of Behavioral Plan: ☐ Initial Date: ☐ Updated Date:

By signing this page, you acknowledge that you have read and understand the above student’s behavioral plan. If you have any questions or concerns about this plan, please contact the student’s case manager. When any updates or changes are made you will be given a new copy of the behavioral plan and asked to sign.

Print Name: _____	Title: _____	Signature: _____	Date: _____
Print Name: _____	Title: _____	Signature: _____	Date: _____
Print Name: _____	Title: _____	Signature: _____	Date: _____
Print Name: _____	Title: _____	Signature: _____	Date: _____
Print Name: _____	Title: _____	Signature: _____	Date: _____
Print Name: _____	Title: _____	Signature: _____	Date: _____
Print Name: _____	Title: _____	Signature: _____	Date: _____
Print Name: _____	Title: _____	Signature: _____	Date: _____
Print Name: _____	Title: _____	Signature: _____	Date: _____

If you received a copy of this behavioral plan, you have some involvement in supporting this student’s behavioral plan such as being their regular education teacher, the attendance office, administration, school security and/or outside agency.

PLEASE SIGN AND RETURN THIS PAGE TO THE CASE MANAGER AS SOON AS POSSIBLE

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Evaluation Page

Date: _____

Student: _____ ID: _____ DOB: _____ Case Mgr/Counselor: _____

Type of Behavioral Plan: ☐ Initial Date: ☐ Updated Date:

Evaluation Status (Reviewed on _____).

- ☐ Plan successful ☐ Continue Plan ☐ Discontinue Plan? Why?
- ☐ Plan partially successful, redesign or adjust interventions. (Insert revised BIP)
- ☐ Plan unsuccessful (Describe why. Fidelity to implement, resources limited, hypothesis incorrect, interventions unsuccessful, etc.)

Student: _____	Date: _____	Review Date(s): _____	Initials _____
Parent/Guardian: _____	Date: _____	Review Date(s): _____	Initials _____
Parent/Guardian: _____	Date: _____	Review Date(s): _____	Initials _____
Admin/Designee: _____	Date: _____	Review Date(s): _____	Initials _____
Case Manager: _____	Date: _____	Review Date(s): _____	Initials _____
Other: _____	Date: _____	Review Date(s): _____	Initials _____
Reg Ed Teacher: _____	Date: _____	Review Date(s): _____	Initials _____